

# One Health Training and Leadership: A Community-Based Health Education Program at the Human-Animal Interface



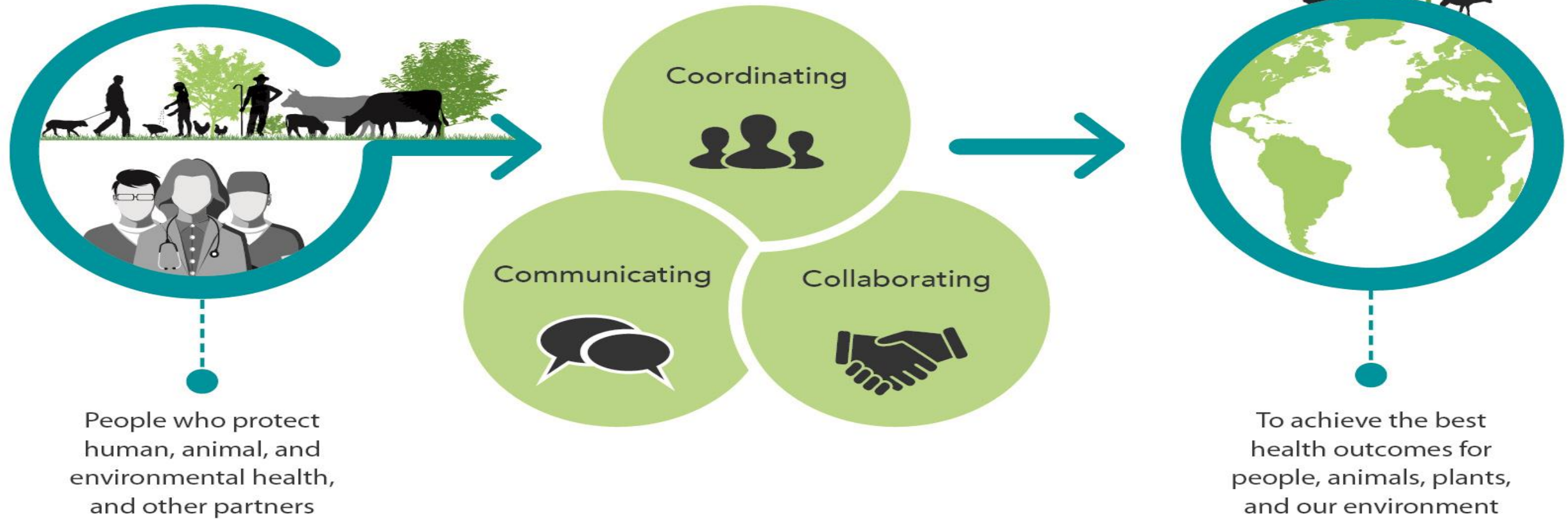
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The health of a rural community may depend upon the recognition by animal owners that what they do or fail to do may not only affect the welfare of their animals but may influence the health of people

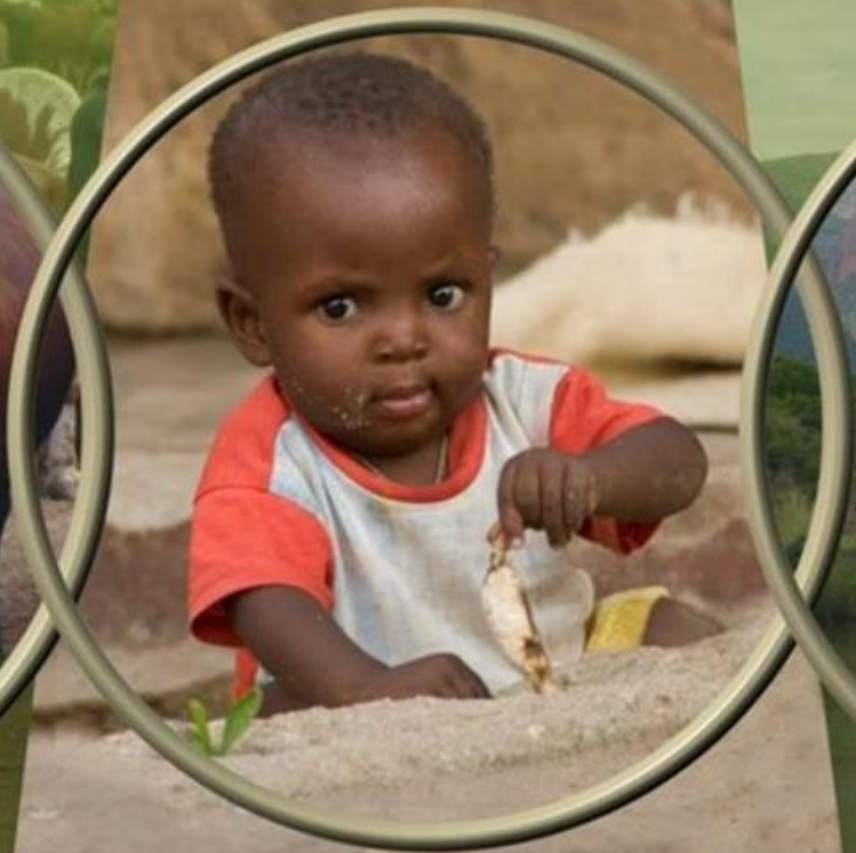
# One Health







healthy animals  
swifuwo leswihanyeke



healthy people  
vanhu lvahanyeke



healthy environment  
matshamelo lamanene ya rihanyu





## Awareness of partner needs...





# Mnisi Community, South Africa

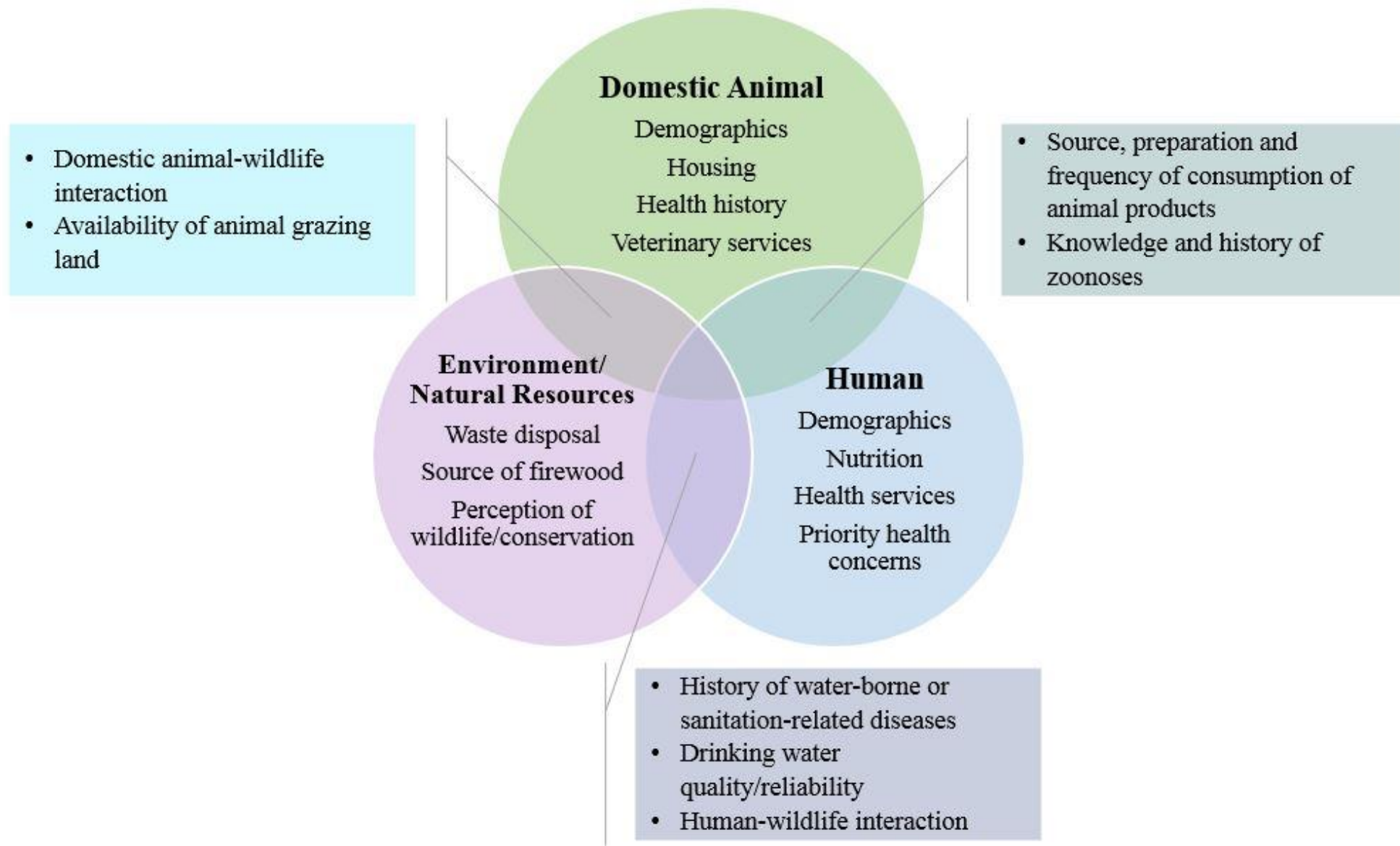




# Engagement in Research









# Mnisi Community, South Africa





**Table 3**

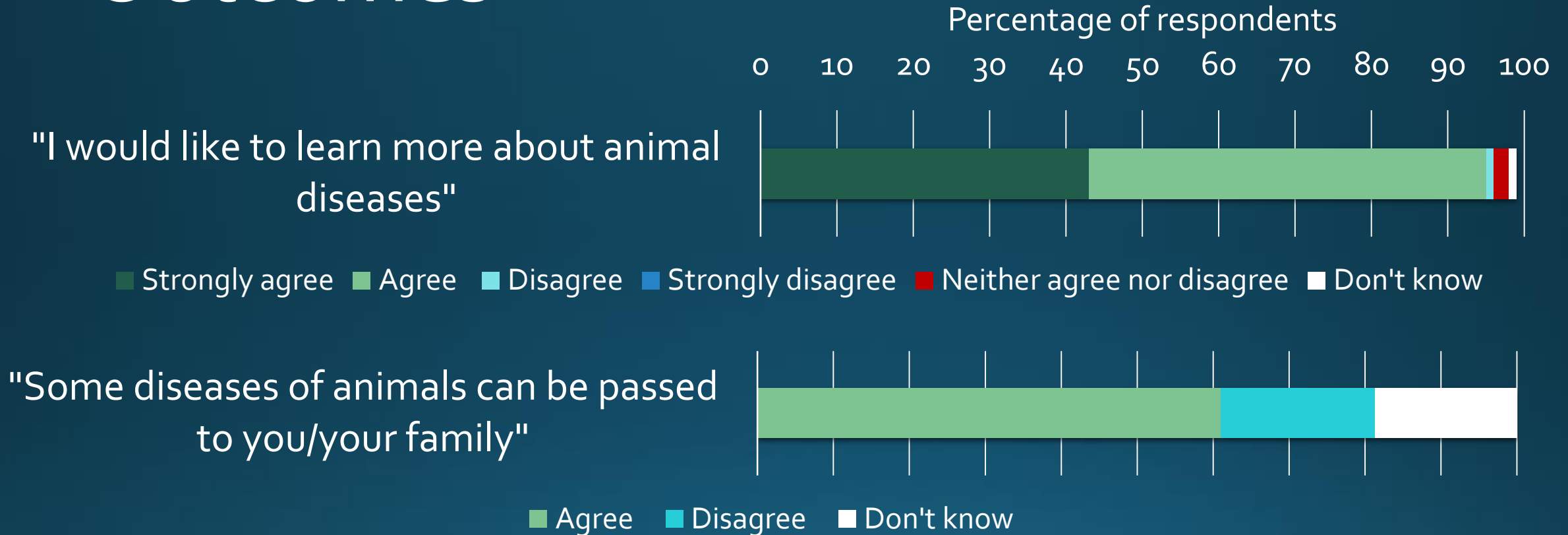
Priority health problems in children and adults in the Mnisi study area, Mpumalanga Province, Republic of South Africa as identified by survey participants ( $n = 262$ ).

Children ( $n$ )	Adults ( $n$ )
Flu <sup>a</sup> (215)	Flu (93)
Diarrhea (82)	Hypertension (69)
Chickenpox (35)	Back/joint pain (68)
Itchy scalp (19)	HIV (62)
Vomiting (11)	Headaches (51)
Fever (11)	Diabetes (49)
Wounds (9)	Tuberculosis (43)
Respiratory (coughing, asthma) (8)	Diarrhea (17)
Headaches (7)	Cancer (13)

<sup>a</sup> Participants used “flu” to describe an illness with coughing, sneezing, runny nose, fever, and/or chills. Etiology was not confirmed.



# Outcomes



# Next Steps: Community-Based Action

Provide

recommendations for mitigation of zoonotic disease risk



Determine

impact of community-based action







# Program Development

## Professional development

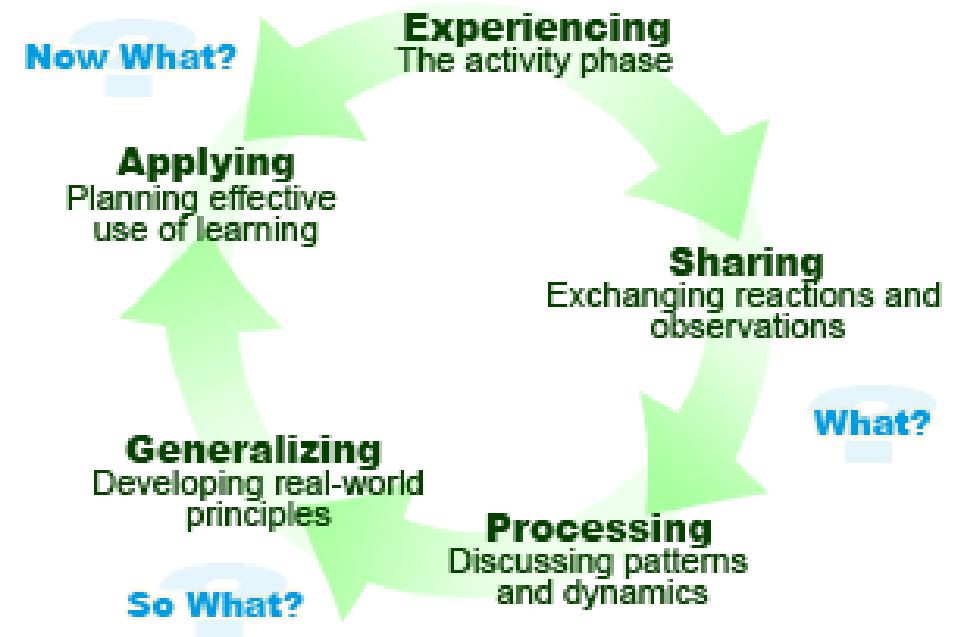
- Pedagogy
- Leadership



## Curriculum development

- Guided inquiry
- Experiential learning

### The Experiential Learning Cycle



Credit: Kolb, David. Experiential Learning Cycle chart



# Experiential Learning























Risk factors	Low Risk	✓	Moderate Risk	✓	High Risk	✓
<b>ANIMAL (DOMESTIC)</b>						
Animal ownership	0-1 species		2 species		More than 2 species	
Animal contact with domestic species outside home environment	Never/seldom		Occasionally		Frequently	
Animal contact with wild animals	Never/seldom		Occasionally		Frequently	
Vaccinations	All recommended vaccinations		Some recommended vaccinations		No recommended vaccinations	
Vaccination status	All current		Some current		None	
Cattle dipping	Frequently		Occasionally		Never/seldom	
Housing	Animals confined individually or in single species groups		Animals allowed to free range occasionally and otherwise confined in single or multi-species groups		Animals are always able to free range	
History of illness	No illness of any kind among animals		Few or minor illnesses		Frequent or severe (e.g., death) illnesses	
Isolation of newly introduced animals	Always		Occasionally		Never/seldom	
Isolation of ill animals	Always		Occasionally		Never/seldom	
<b>HUMAN</b>						
History of flea/tick bites	None		Some		Many	
Consume fresh (unboiled) milk from cattle/goats	Never		Occasionally		Frequently	





## Nkunguhato wo hunguta vunghozi

Nomboro ya vutitivisi ya mungheneleri: 938

Vekela xifaniso laha



Nkunguhato wo hunguta vunghozi

Vunhu: hinga yihlantswa lelco hlava  
lu swi swela  
Swiharhi: hinga swi ptelele ku swinga  
dywi  
Mbango: Swinga vabyisa vanha lava  
swidyalu  
Mpimo wa vuvekisi (mali, nkarhi, swilaveko):  
swinga lava mali ya tala, lu swi  
endela vuhlayiseli  
Mbuyelo/ntlhonthlo: nidi nga xavisa maseu  
yleswala ndzita luma, mali  
yatibanyiso

Vekela xifaniso laha



Nkunguhato wo hunguta vunghozi

Vunhu: hinga mahantswa loko  
hlava lu mali dya  
Swiharhi: Swinga va byisa swiharhi  
swahing  
Mbango: Swinga hiansela tirung  
sethi vamsela va vabyi  
Mpimo wa vuvekisi (mali, nkarhi, swilaveko):  
swinga lava mali  
Mbuyelo/ntlhonthlo: Hinga hlayisa  
mali, nkarhi ya tala

Vekela xifaniso laha

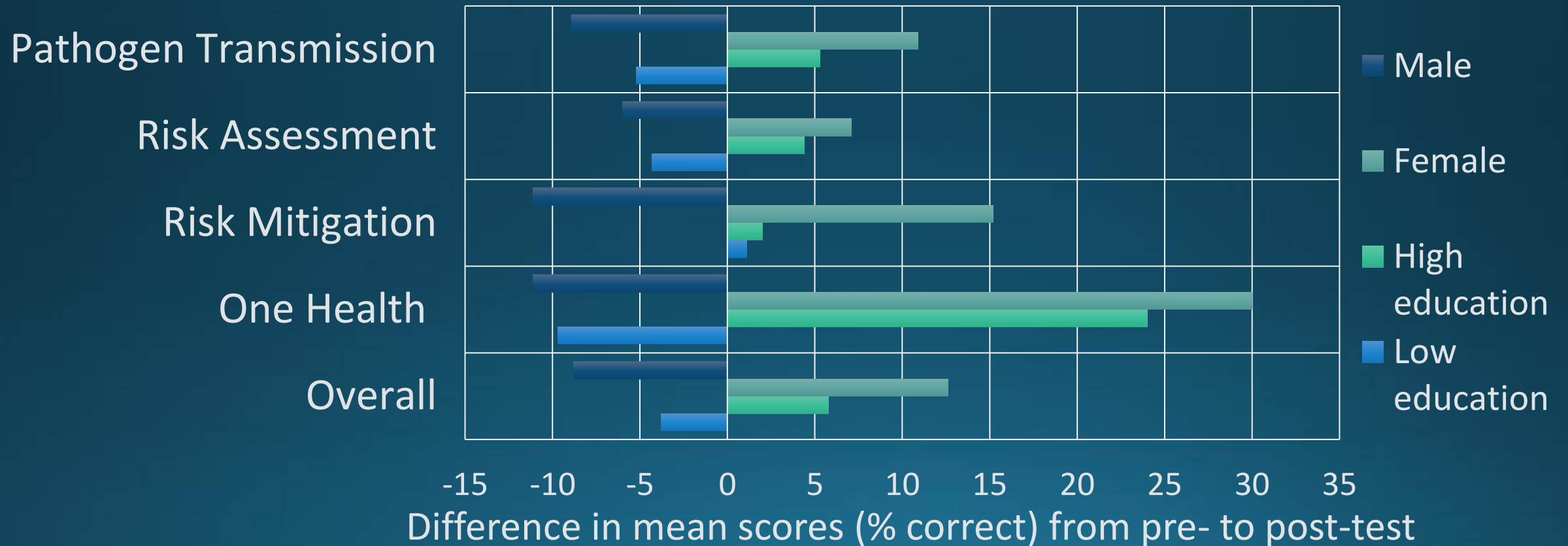


Nkunguhato wo hunguta vunghozi

Vunhu: Aswinge vanga nghozi hilewa  
swi ptelele ri wite  
Swiharhi: Swinga hlangozi ri swinga  
ni  
Mbango: Swinga vanga vanga  
mavabyi  
Mpimo wa vuvekisi (mali, nkarhi, swilaveko):  
swinga lava mali ya swi xavele  
na swakudya  
Mbuyelo/ntlhonthlo: hinga xavisa hi  
lu ma mali



# Program Evaluation





**Table 4.2.** Change in knowledge – Independent predictors, beta coefficients, odds ratios (OR) and 95% confidence intervals (CI) obtained for univariable and multivariable logistic regression model of improvement in knowledge (yes/no) of *One Health Training and Leadership* participants ( $n = 69$ ) using an objective pre-/post-test.

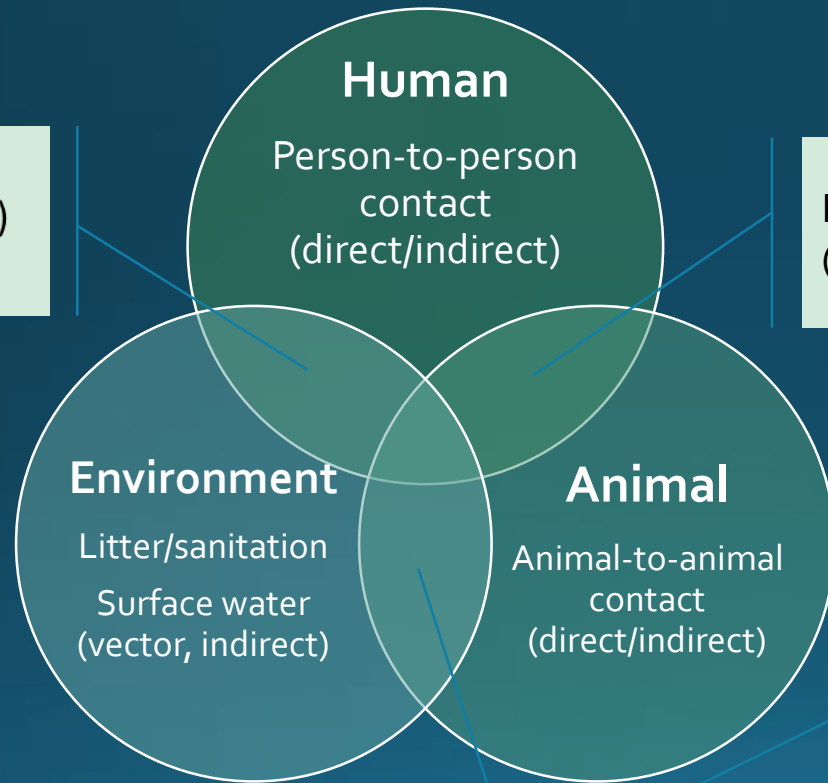
Predictors ( $n$ )	$\beta$	Univariable OR	95% CI	$p^a$	$\beta$	Multivariable OR	95% CI	$p$
$X_1$ . Gender coded as 1—female (33), 0—male (36)	1.7884	5.980	2.112-16.931	0.0008	1.9900	7.315	2.258-23.705	0.0009
$X_2$ . Education level coded as 1—high (38), 0—low (31)	0.9163	2.5	0.940-6.646	0.0663	1.5647	4.781	0.942-24.264	0.0590
$X_3$ . Age <sup>b</sup> (continuous)	-0.0123	0.988	0.961-1.016	0.3834	0.0371	1.038	0.989-1.089	0.1288
Fit statistics for multivariable model								
AUC (ROC)						0.796		
AIC						84.535		

<sup>a</sup> Wald test

<sup>b</sup> Variable  $X_3$  was tested both as a continuous and binomial (1=value  $\geq$  median; 0=value < median) variables to determine the best model fit

Model fit statistics: AUC=area under curve; ROC=receiver operating characteristic; AIC=Akaike information criterion





Standing water (vector)  
External hygiene (vermin, indirect)  
Garbage (vector, indirect)

Person-to-animal contact  
(direct/indirect, vector)

External hygiene/housing (vermin,  
airborne, vector)  
Standing water (vector, injury)  
Garbage (intoxication, injury)



# Program Evaluation

- Workshop Participants:
  - **98%** (60/61) had implemented  $\geq 1$  risk mitigation strategy
  - **95%** (58/61) had shared knowledge with family members, neighbors





Covering handle of  
water tap to  
minimize  
contamination



Building a fence  
around garden to  
protect crops from  
wildlife/livestock





Reducing  
standing water  
to mitigate risk  
of vector-borne  
diseases



Building  
coops/pens for  
poultry/livestock  
to reduce animal-  
animal disease  
transmission





Adding handwashing basins near toilets to minimize human pathogen spread



# Conclusions

- Evidence of positive program impact
- One Health operationalization at the community level
- Gender analysis and implications

